

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2015 AUG -3 AM 11:51  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Teresa M. Ciambotti

ADDRESS (number and street) P O Box 400

Check if different  
than previously  
reported. (ACC)

Indiana PA 15701

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 3 4 8 1 8 5

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)  
(Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)  
(Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 0 1 / 0 1 / 2 0 1 5 through 0 6 / 3 0 / 2 0 1 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Teresa Ciambotti

Signature of Treasurer

Teresa Ciambotti

Date

0 7 / 2 9 / 2 0 1 5

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 0 1 / 0 1 / 2 0 1 5 To: <sup>M M / D D / Y Y Y Y</sup> 0 6 / 3 0 / 2 0 1 5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y Y Y Y</sup> 2 0 1 5		897.26
(b) Cash on Hand at Beginning of Reporting Period.....	897.26	
(c) Total Receipts (from Line 19).....	7,626.08	7,626.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8,523.34	8,523.34
7. Total Disbursements (from Line 31).....	1,529.00	1,529.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,994.34	6,994.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2015 To: MM / DD / YYYY 06 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4,440.08	4,440.08
(ii) Unitemized.....	3,186.00	3,186.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7,626.08	7,626.08
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	7,626.08	7,626.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7,626.08	7,626.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7,626.08	7,626.08

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	29.00	29.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	29.00	29.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	1,500.00	1,500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,529.00	1,529.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1,529.00	1,529.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7,626.08	7,626.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7,626.08	7,626.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	29.00	29.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	29.00	29.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 4

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Foraker, Stan R.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address PO Box 400		Amount of Each Receipt this Period  , 300.00 (1/14/15-6/30/15) (\$25.00 Semimonthly)
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCB Mortgage Banking Executive/EVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Grebenc, Jane</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address PO Box 400		Amount of Each Receipt this Period  , 240.00 (1/14/15-6/30/15) (\$20.00 Semimonthly)
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCB President/EVP/Chief Revenue Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 240.00
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Metzmaier, Linda D.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address PO Box 400		Amount of Each Receipt this Period  , 250.08 (1/14/15-6/30/15) (\$20.84 Semimonthly)
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCB Chief Compliance Officer/SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 250.08
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		, 790.08
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **2** OF **4**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>Price, T. Michael</b></p> <p>Mailing Address <b>PO Box 400</b></p> <p>City <b>Indiana</b> State <b>PA</b> Zip Code <b>15701</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>FCB</b> Occupation <b>President/CEO</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>1,000.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period <b>1,000.00</b> (1/14/15-1/31/15) (500.00 Semimonthly)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Tomb, Matt</b></p> <p>Mailing Address <b>PO Box 400</b></p> <p>City <b>Indiana</b> State <b>PA</b> Zip Code <b>15701</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>FCB</b> Occupation <b>EVP/Chief Risk Officer &amp; GEN Counsel</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>300.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount of Each Receipt this Period <b>300.00</b> (3/13/15-6/30/15) (50.00 Semimonthly)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Latimer, Luke A.</b></p> <p>Mailing Address <b>PO Box 400</b></p> <p>City <b>Indiana</b> State <b>PA</b> Zip Code <b>15701</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>FCFC Board of Directors</b> Occupation <b>Board Member</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>500.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y <b>0 1 / 1 4 / 2 0 1 5</b></p> <p>Amount of Each Receipt this Period <b>500.00</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶ <b>1,800.00</b></p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 4

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dahlmann, David S.</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period <b>300.00</b>
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCFC Board of Directors Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Answine, Emmanuel J.</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period <b>250.00</b>
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCB SVP - Operations Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>250.00</b>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Claus, Gary R.</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period <b>300.00</b>
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCB Board Member		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only).....		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **4** OF **4**

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Caponi, Julie</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period  <b>, 500.00</b>
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCFC Board of Directors Board Member		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <b>, 500.00</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Buckiso, David B.</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 5
Mailing Address PO Box 400		Amount of Each Receipt this Period  <b>, 500.00</b>
City State Zip Code Indiana PA 15701		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation FCB Wealth Services Manager/EVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <b>, 500.00</b>
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period  <b>, , .</b>
City State Zip Code		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <b>, , .</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<b>, 1,000.00</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<b>, 4,440.08</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
Friends & Neighbors of Bruce Erb		M M / D D / Y Y Y Y	
Mailing Address PO Box 126		0 3 / 1 9 / 2 0 1 5	
City State Zip Code HOLLIDAYSBURG PA 16648			
Purpose of Disbursement Contribution		0 1 1 Category/ Type	Amount of Each Disbursement this Period  500.00
Candidate Name Bruce Erb			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>B.</b>		Date of Disbursement	
Bill Shuster For Congress		M M / D D / Y Y Y Y	
Mailing Address 310 Penn Street, Suite 200			
City State Zip Code HOLLIDAYSBURG PA 16648			
Purpose of Disbursement Contribution		0 1 1 Category/ Type	Amount of Each Disbursement this Period  1,000.00
Candidate Name Bill Shuster			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 9		

<b>C.</b>		Date of Disbursement	
		M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1,500.00
TOTAL This Period (last page this line number only).....▶	1,500.00

**FIRST**  
**Commonwealth.**

First Commonwealth Bank  
Central Offices: Philadelphia and 6th Streets, P.O. Box 400  
Indiana, PA 15701-0400

Address Service Requested

Federal Election Commission  
999 East Street N. W.  
Washington, D.C. 20463

RETURN RECEIPT  
REQUESTED

RECEIVED  
FEC MAIL CENTER  
2015 AUG -3 AM 11:51

U.S. POSTAGE  
PAID  
INDIANA, PA  
15701  
JUL 28, 15  
AMOUNT  
**\$7.67**  
00107251-07



20483




1000



7012 1010 0002 7755 7519

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/29/15
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	8/3/15 DATE PREPARED

2015-08-03 10:00:00